

★ AUG - 8 2019 ★

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

LONG ISLAND OFFICE

Duane Chapman

CV - 19 4592

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

Plaintiff,

[Insert full name of plaintiff/prisoner]

COGAN, J

JURY DEMAND

YES X NO

-against-

Nassau County

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Duane Chapman

If you are incarcerated, provide the name of the facility and address:

was incarcerated at Nassau County. I am currently
homeless. I do receive mail at my mothers house at
119-19 236 St Cambria Heights, NY. 11461

Prisoner ID Number: 18003107

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If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Nassau County - Detective RYAN

Full Name

Fais -

Job Title

Unsure of address - District Attorney's

Office - 262 Old Country Rd. Mineola, N.Y.
Address 11501

Defendant No. 2

Det. Ingram BSO Agent

Full Name

BSO Agent

Job Title

Unsure of Address - District Attorney's

262 Old Country Rd. Mineola, N.Y. 11501
Address

Defendant No. 3

Madeline Singus

Full Name

District Attorney

Job Title

262 Old Country Rd, Mineola N.Y.
11501

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? The events occurred
ON EAST Bound Sunrise Highway, MASSAPEQUA, Long
Island at the BEST Western Hotel

When did the events happen? (include approximate time and date) The events happened
at approximatley 19:45 (7:45 pm) ON MAY 17th 2018

Facts: (what happened?) Routine Traffic Stop Predicated on a
minor traffic infraction(s); No Headlights, Obstruction.
(Appendum contains Fake Ticket used to justify Traffic
Stop also report). Agents Ryan Fais and Ingram
conducted a Search of Defendants vehicle as a result
of a falsified Traffic Stop. They Allegedly found
Narcotics (27 bags of Heroin and 3.5 grams of what
appeared to be crack Cocaine) Falsified Drug test
Proved non-conclusive, in fact falsified drug
Test conducted subsequent to initial Drug Test shows
26 Bags missing of the Alleged Heroin. (Attached).

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

As a result of stress directly related to incident
Hypertension, Blood Pressure ensued. Was treated for
this issue at facility. (saic). Back issues, mal-nutrition
as a result of a high starch diet that included
inadequate sources of Calcium, Potassium, or Iron.
Facility did give me a generic Substitute for Potassium
via a Pill.

Dehydration - The only water available was in the Jail Cell which serves little purpose as it relates to health. This directly attributed to near death occurrences in jail (Fainted Twice)

III. Relief: State what relief you are seeking if you prevail on your complaint.

Declaratory - 1,000,000.00

Compensatory - 1,000,000.00

Punitive - 1,000,000.00.

I declare under penalty of perjury that on _____, I delivered this
(date)
complaint to prison authorities at _____ to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 7/15/19

Pierre Chopin
Signature of Plaintiff

119.
Name of Prison Facility or Address if not incarcerated

119-19 236 St

Cambridge Heights, N.Y. 11411

Address

18003107
Prisoner ID#

Mr. Duane Chapman
119-19 236 St
Cambria Heights, N.Y. 11411

ATT: Clerk (Pro Se Office)
United States District Court
Eastern District of New York
100 Federal Plaza, Central Islip, N.Y.

11722

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